Common Industry Format: What It Is, What It Isn't and Why It's Useful

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9 out of 10 Doctors Prefer the Common Industry Format for Reporting Usability Testing Results

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Precedents and Acknowledgements

- NIST IUSR Initiative (1997)
 - Mary Theofanos
 - Sharon Laskowski
 - CIF was developed by a group of 300+ software organizations led by NIST
 - CIF became an ANSI standard in December, 2001 (ANSI/NCITS 354-2001)
 - CIF approved as ISO standard ISO/IEC 25062:2006
- NIST Customized CIF for EHR in 2010 (NISTIR 7742)
 - Svetlana Lowry, NIST
 - Matt Quinn, NIST (AHRQ)
 - Mala Ramaiah, NIST
 - Melinda Jamil, User Centric

Common Industry Format for Usability Test Reports¹

Version 2.01, June 6, 2001 Comments and questions about this format: just@nist.gov

5.3.2 Test Objectives



5.4 Method

Sufficient information shall be provided to allow an independent tester to testing.

5.4.1 Participants

5.4.4 Usability Metrics

As defined in Section 4.1, usability is measured by three types of metrics: effectiveness, efficiency, and satisfaction

The following information shall be provided:

- a) Metrics for effectiveness.
- b) Metrics for efficiency
- c) Metrics for satisfaction

Effectiveness and efficiency results shall be reported, even when they are difficult to interpret within the specified context of use. In this case, the report shall specify why the supplier does not consider the metrics meaningful.

What is the Customized Common Industry Format (CIF)?

- Purpose: Provide greater visibility and consistency in describing usability testing processes and reporting those results
- 'Customized', in this case, means an illustrative example template for electronic health records
 - Primarily, intended for 'summative' or validation usability testing
 - Extended for 'formative' or exploratory usability testing

NISTIR 7742

Customized Common Industry Format Template for Electronic Health Record Usability Testing

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What it is...

- Document outline for reporting usability testing methods and results
- By providing a standard outline we can demonstrate evidence of usability activity in a format that allows
 - independent evaluation of tasks in a single product and
 - comparison across multiple products.
- Reporting framework within current best practices

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 - 3.9 USABILITY METRICS
- 4 RESULTS
 - 4.1 DATA ANALYSIS AND REPORTING
 - 4.2 DISCUSSION OF THE FINDINGS



Who uses the CIF?

- User Experience and Usability Professionals
 - Read and report using CIF
- Evaluators of application usability ← i.e., Providers
 - Make informed decisions concerning the release of software applications
 - Evaluate an application's usability test results
- Stakeholders in any organization
 - Many organizations have incorporated the CIF
- Some important points...

CIF Creates Basis for Dialog

- CIF provides a 'report card' for usability testing
- The CIF can create a productive dialog across developers, requirements, project managers, vendors, providers, and end users.
- Areas of discussion include:
 - Who are the users? User population definition
 - What is their context of use?
 - How to measure "success"
 - Functionality vs. clicks
 - Learning: 'Walk up and use' vs. one trial vs. training
 - What is the role of satisfaction?

CIF Provides Background and Context for Reporting...

- Measures of effectiveness and efficiency, and recommends including subjective satisfaction data
 - Measures for efficiency may include:
 - 'Too many clicks'
 - Task time
 - Completion rate efficiency
 - Number of references to the manual
 - Measures for effectiveness may include:
 - Completion Rate
 - Number of Errors
 - Measures of satisfaction may include:
 - System Usability Scale (or SUS)

Illustrative Example

Conducting a Test and Reporting in CIF

- Identify the key user groups
- Identify critical and frequent tasks
- Define measurable usability goals
- Conduct usability testing
- Report using CIF to ensure goals have been met



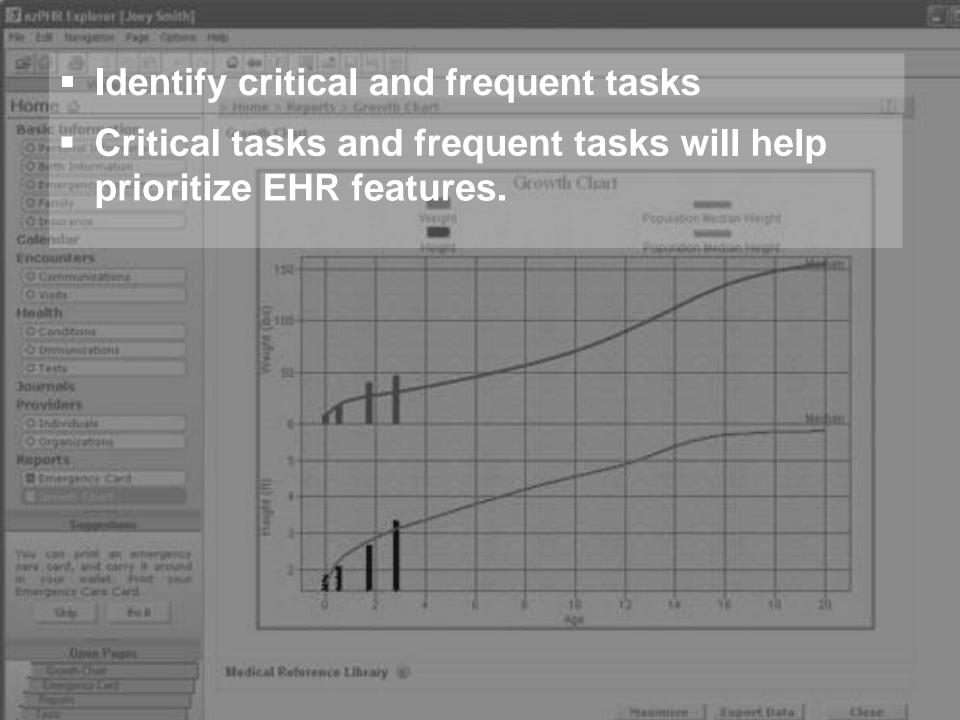
Identify the key user groups

- Users who will be doing the tasks
 - Physician
 - Nurses
 - Administrative staff

Measuring Usability

User Groups: Physicians | Nurses | Administrative

Measuring Usability Relative to Goals					
Effectiveness	·	Satisfaction			
Unassisted task		Post-task ratings on 5-			
completion rate of:	Maximum user time	point usability scale:			
	Effectiveness	Effectiveness Unassisted task Efficiency			



Measuring usability

User Groups: Physicians | Nurses Administrative

	Measuring Usability Relative to Goals				
	Effectiveness	Efficiency	Satisfaction		
Task	Unassisted task	Maximum user time	Post-task ratings on 1-		
Create an appointment for a new patient					
Check patient insur- ance eligibility					
Enter patient vitals					

Benchmark current task efficiency

- Benchmark current critical and frequent tasks in order to:
 - Show that the EHR system produces better task efficiency than paper methods
 - Show improved efficiency over an existing electronic system
 - Project ROI for a given period
- Benchmark by:
 - Directly measure in current environment
 - Expert estimation

Measuring usability

User Groups: Physicians Nurses Administrative

	Measuring Usability Relative to Goals					
	Effectiveness	Efficiency	Satisfaction			
Task	Unassisted task	Maximum user time	Post-task ratings on 1-5			
Create an appointment for a new patient	Goal: 100%	Goal: 2 mins	Goal: 4.00			
Check patient insurance eligibility	Goal : 100%	Goal: 1 min	Goal: 4.00			
Enter patient vitals	Goal: 100%	Goal: 30 secs	Goal: 4.00 avg			

Measure usability

Test representative tasks with representative users

- Measuring usability can be obtained via:
 - Usability testing
 - Observation
 - Questionnaires
 - Log files

Measuring usability

User Groups: Physicians | Nurses | Administrative

	Measuring Usability Relative to Goals					
	Effectiveness	Efficiency	Satisfaction			
Task	Unassisted task	Maximum user time	Post-task ratings 1-5			
	Goal: 100%	Goal: 2 mins	Goal: 4.00			
	Actual	Actual	Actual			
Create an appointment	EHR A: 90%	EHR A: 4 mins	EHR A: 3.00			
for a new patient	EHR B: 100%	EHR B: 1.5 mins	EHR B: 4.50			
	Goal: 100%	Goal: 1 min	Goal: 4.00			
	Actual	Actual	Actual EHR A: 4.00			
Check patient insur-	EHR A: 95%	EHR A: 2.5 mins				
ance eligibility	EHR B: 100%	EHR B:1 min	EHR B: 5.00			
	Goal: 100%	Goal: 30 secs	Goal: 4.00			
	Actual	Estimated	Estimated			
Enter patient vitals	EHR A: 90%	EHR A: 45 secs	EHR A: 3.25			
	EHR B: 100%	EHR B: 30 secs	EHR B: 4.75			

Key Elements

- Executive Summary
- Introduction
- Method
 - Participants
 - Study Design
 - Tasks
 - Procedure
 - Test Location
 - Test Environment
 - Test Forms And Tools
 - Participant Instructions
 - Usability Metrics

Results

- Data Analysis And Reporting
- Discussion Of The Findings

Appendicies

- Format for Document
- Sample Recruiting Screener
- Participant Demographics
- Non-disclosure Agreement And Informed Consent Form
- Example Moderator's Guide
- System Usability Scale
 Questionnaire
- Incentive Receipt And Acknowledgment Form

Measure	N	Task Suc- cess	Path Deviation	Tas	sk Time	Errors	Task Ratings 5=Easy
	#	Mean (SD)	Deviations (Observed / Optimal)	Mean (SD)	Deviations (Observed / Optimal)	Mean (SD)	Mean (SD)
1.[Find item on patient summary screen]							
2.[Use patient chart to find lab results]							
3.[Check vital signs]							

In Closing

- The highest cost for any large-scale system is human capital
- Why is so much time/effort evaluating security, privacy, integration, functionality, etc.? Because these things can be easily measured, reported, understood, and compared.
- If human capital costs are so high and usability is such an important issue, why don't we spend as much time/effort understanding human interface...

In Closing

 Because, it is perceived, there is no easy way to understand the impact of user performance it is often forgotten or ignored

CIF is a starting point...

 If you are a provider selecting among several vendors you should be asking those providers for usability metrics around variables important to you

Thank You

NISTIR 7742 Can be obtained at: http://www.nist.gov/manuscript-publication-search.cfm?pub_id=907312

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